

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)	SERIAL NO. <b>107089856</b>	FILING DATE
APPLICANT(S)		

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2	/						52
3	/						53
4	/						54
5	/						55
6	/						56
7	/						57
8	/						58
9	/						59
10	/						60
11	/						61
12	/						62
13	/						63
14	/						64
15	/						65
16	/						66
17	/						67
18	/						68
19	/						69
20	/						70
21	/						71
22	/						72
23	/						73
24	/						74
25	/						75
26	/						76
27	/						77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	56	↓		↓		↓	TOTAL IND.
TOTAL DEP.	27	↓		↓		↓	TOTAL DEP.
TOTAL CLAIMS							TOTAL CLAIMS

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY